



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLE AND DRIVERS LICENSING
REQUEST FROM RECORD HOLDER

FORM
4681
(REV. 4-04)

I hereby certify that my name is _____
(First Name) (Middle Initial) (Last Name)

I further certify that my date of birth is _____, that my Missouri driver license
(Month/Day/Year)

number is _____, that my present mailing address is _____
(Street)

_____ and that my daytime telephone number is (_____)_____
(Apartment/Unit) (City) (State) (Zip Code) (Include Area Code)

I am requesting the following records (including my personal information on those records):

- ☐ **MOTOR VEHICLE RECORDS:** Mail request for motor vehicle records to Missouri Department of Revenue, PO Box 100, Jefferson City, MO 65105-0100. Phone number (573) 751-4509

Year-Make-VIN Registration (Plate) Number

☐ *Title record (specify current or history)
☐ *Registration record (license plates)
☐ *Lienholder information
☐ *Other (specify) _____

- ☐ **DRIVER LICENSE RECORDS:** Mail request for driver license records to Missouri Department of Revenue, PO Box 200, Jefferson City, MO 65105-0200. Phone number (573) 751-4300

☐ *Copy of application (specify year) _____
☐ *Copy of image (black and white photo)
☐ *Driver record
☐ Clearance letter (no fee required). Phone number (573) 751-2730
☐ *Other (specify) _____

*Submit appropriate fee with this request.

I hereby authorize the Missouri Department of Revenue to ☐ fax ☐ mail this record information to:

Name: _____ Fax: (_____)_____
(First Name) (Middle Initial) (Last Name)

Agency Name (if applicable) _____

Address: _____

SIGNATURE

DATE

NOTARY INFORMATION (This form must be notarized)

NOTARY PUBLIC EMBOSSEY OR
BLACK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

THE MISSOURI DEPARTMENT OF REVENUE MAY ELECTRONICALLY RESUBMIT CHECKS RETURNED FOR INSUFFICIENT OR UNCOLLECTED FUNDS.

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